

SERFF Tracking Number:	HRLV-125572449	State:	Arkansas
First Filing Company:	Harleysville Mutual Insurance Company, ...	State Tracking Number:	EFT \$25
Company Tracking Number:	WCKLG021308-1		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	WC		
Project Name/Number:	WC TRIPRA of 2007/		

Filing at a Glance

Companies: Harleysville Mutual Insurance Company, Harleysville Preferred Insurance Company

Product Name: WC

SERFF Tr Num: HRLV-125572449 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: EFT \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: WCKLG021308-1

State Status: Fees verified and received

Filing Type: Rule

Co Status: Submitted to State

Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding

Author: Carol Zwoyer

Disposition Date: 03/25/2008

Date Submitted: 03/24/2008

Disposition Status: Approved

Effective Date Requested (New):

Effective Date (New): 01/01/2008

Effective Date Requested (Renewal):

Effective Date (Renewal):

State Filing Description:

General Information

Project Name: WC TRIPRA of 2007

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: B-1405

Reference Title: Terrorism Risk Insurance Program Reauthorization Act Advisory Org. Circular: CIF-2007-09 of 2007

Filing Status Changed: 03/25/2008

State Status Changed: 03/24/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Harleysville Mutual Insurance Company and Harleysville Preferred Insurance Company wish to implement Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007

Company and Contact

Filing Contact Information

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Carol Zwoyer, Senior State Filing Analyst czwoyer@harleysvillegroup.com
355 Maple Avenue (215) 256-5735 [Phone]
Harleysville, PA 19438-2297 (215) 256-5678[FAX]

Filing Company Information

Harleysville Mutual Insurance Company CoCode: 14168 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-0902325

Harleysville Preferred Insurance Company CoCode: 35696 State of Domicile: Pennsylvania
355 Maple Avenue Group Code: 253 Company Type:
Harleysville, PA 19438 Group Name: State ID Number:
(215) 256-5000 ext. [Phone] FEIN Number: 23-2384978

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Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Harleysville Mutual Insurance Company	\$25.00	03/24/2008	18893850
Harleysville Preferred Insurance Company	\$0.00	03/24/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	03/25/2008	03/25/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending	Carol Stiffler	03/24/2008	03/24/2008	Carol Zwoyer	03/25/2008	03/25/2008
Industry						
Response						

SERFF Tracking Number:	HRLV-125572449	State:	Arkansas
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Disposition

Disposition Date: 03/25/2008
Effective Date (New): 01/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	cover letter	Approved	Yes
Supporting Document	expedited filing transmittal	Approved	Yes

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Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 03/24/2008

Submitted Date 03/24/2008

Respond By Date

Dear Carol Zwoyer,

This will acknowledge receipt of the captioned filing. Please provide the requested effective date.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Response Letter

Response Letter Status Submitted to State

Response Letter Date 03/25/2008

Submitted Date 03/25/2008

Dear Carol Stiffler,

Comments:

Response 1

Comments: Please be advised that our rule of application is as follows:

This change shall be applicable to all policies effective on or after January 1, 2008.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

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Sincerely,
Carol Zwoyer

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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Bypassed -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	03/25/2008
Bypass Reason:	not applicable			
Comments:				
Bypassed -Name:	NAIC Loss Cost Filing Document for Workers' Compensation	Review Status:	Approved	03/25/2008
Bypass Reason:	not applicable			
Comments:				
Bypassed -Name:	NAIC loss cost data entry document	Review Status:	Approved	03/25/2008
Bypass Reason:	not applicable			
Comments:				
Satisfied -Name:	cover letter	Review Status:	Approved	03/25/2008
Comments:				
Attachment:	AR WC TRIPRA Rule.pdf			
Satisfied -Name:	expedited filing transmittal	Review Status:	Approved	03/25/2008
Comments:				
Attachment:	TRIA expedited form rule.pdf			

HARLEYSVILLE INSURANCE
355 Maple Avenue
Harleysville, PA 19438-2297
www.harleysvillegroup.com

March 24, 2008

Honorable Julie Benfield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

NAIC # 14168
GROUP#253, NAIC#14168
Workers Compensation
Rule Filing
Item Filing Number: B-1405
Reference Filing Number: 125572449

Dear Honorable Bowman:

With this filing it is our intent to submit for your review and approval a revision to applicable to our Workers Compensation program.

Harleysville Mutual Insurance Company and Harleysville Preferred Insurance Company wish to implement Item B-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007

This change is applicable in conjunction with the implementation of the Terrorism Risk Insurance Program Reauthorization Act of 2007 (H.R. 2761).

Your favorable consideration will be appreciated.

Very truly yours,
Harleysville Mutual Insurance Company
Harleysville Preferred Insurance Company



Carol Zwoyer, AAM, AIT
Senior State Filing Analyst
(215) 256-5735
czwoyer@harleysvillegroup.com

cc: Kevin Grafton

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail

Filing information

Line of Insurance (see attachment)	
Company Program Title (Marketing title) (if applicable)	
Filing Type ** see note below	
This application is used with:	
Effective Date Requested	
Filing date	
Company Tracking Number	
Date filing approved in domiciliary state, if applicable	

	<u>Component/Form Name</u> <u>/Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
10			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☐ Is in compliance with the terms of the Terrorism Risk Insurance Act, as amended, and the laws of this state; and
- ☐ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.

Signature

Print Name:

Title: